Name of meeting:	Health Overview and Scrutiny Commission		
Date:	March 2023	Paper:	TBC
Report title:	LLR health and care system – winter briefing note		
Presented by:	Rachna Vyas, Chief Operating Officer		
Report author:	Rachel Dewar – Assistant Director of Urgent & Emergency Care		
Executive Sponsor:	Rachna Vyas, Chief Operating Officer		

To approve ☐	For assurance ☐	To receive and note ☒	For information ☐
Recommendation or particular course of action.	*To assure / reassure the Board that controls and assurances are in place.*	*Receive and note implications, may require discussion without formally approving anything.*	*For note, for intelligence of the Board without in-depth discussion.*

Recommendations:

The HOSC is asked to:

- **RECEIVE** the summary update
- **NOTE** implications for planning for one- and five-year plans across health and care

Purpose and summary of the report:

This paper provides an overview of the urgent and emergency care system through the peak winter months, highlighting summary actions from the LLR winter plan. The paper also outlines preparation for 23/24 and how learning is being used to inform both one-year and five-year plans across LLR

Appendices:	
Report history (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting):	

LLR health and care system – Winter briefing note

March 2023

Context

1. This paper provides an overview of the LLR health and care system over Q3 22/23 and into Q4, including responses to extra ordinary events such as the ambulance service industrial action, and overall management of operational pressures across all parts of health and care.

2. As per the national directive, LLR launched its System Control Centre (SCC) on 1st December 2022, operating 08:00-20:00 365 days of the year. Recruitment for staffing is underway, with an interim rota of ICB staff. The SCC acts as a single point of contact for NHSE and the LLR system for escalation, operational support and for reporting purposes.

3. Strategic, operational and tactical leadership and coordination has been maintained across the period, with an increase across the last 6 weeks in particular due to ongoing industrial action. Regional oversight has also intensified, relying on the SCC on a live basis.

4. Whilst patient safety has been maintained as best possible, the system recognises that the patient experience of care was, at times, sub-optimal across health and care services. Staff were equally reporting high levels of moral injury, particularly those in frontline acute services within EMAS and the Emergency Department.

5. Whilst demand has stabilised through the start of Q4 23/24, all parts of the system remain busy in terms of both acuity and demand. This trend spans primary care, NHS111, Clinical Navigation Hub, home visiting, urgent care services, acute services and social care services.

Implementation of the winter plan

Primary care services

6. Primary care continued to be under pressure through this period, with all providers reporting significant gaps between capacity and demand. However, month on month increases have been noted in terms of the numbers of appointments provided and an increase in face-to-face appointments has also been recorded (c73%).

7. To support both primary care and secondary care capacity, additional capacity at our Urgent treatment centres was commissioned as part of the LLR winter plan; an additional 60 appointments daily had been planned from DHU to support primary care presentations across the system and this continues to be in place.

   In addition to this and in response to unprecedented numbers of walk-in presentations in ED, an additional 1,577 appointments were provided during the period of 20th December and 29th December. The objective of this additional activity was to minimise the

overcrowding in ED by streaming patients presenting with a specific set of conditions to an offsite primary care provider with a booked appointment. The impact of the streaming away from ED continues to be significant and has supported the ED throughout.

8. Again, in addition to planned capacity and in response to the paediatric surge, an Acute Respiratory Hub was trialled with a primary care provider, providing respiratory support to both adults and children, taking referrals from primary care and from ED itself. Six additional ARI hubs, provided by our PCN's and providing over 9,000 appointments, went live mid-January and will run until March 31st 2023.

9. The impact of both actions has supported a decrease in overcrowding at the ED and has provided an opportunity to ensure that capacity provided meets the needs of the changing way our patients want services to be available.

Pre-Hospital Services

10. The Unscheduled Care Coordination Hub has been undertaking pilots to assess the impact of extended opening hours across weekdays. It noted little impact on later working on the first trial, though is repeating the exercise. Activity continues to increase as the understanding and confidence of both the referring and receiving staff increase, meaning approximately 150 of our patients per week are supported to be in the right place at the right time with the right care, rather than in acute services.

11. The UCH demonstrates a particularly significant positive impact during the periods of ambulance service industrial action, with the numbers of patients waiting in LLR significantly lower across this period than neighbouring systems, leading to regional and national interest. The hub has been operational from 9.00-00.00 on the industrial action days, with out of hours services working together using a similar pull model between 00.00 and 06.00 the next day. This has led to a positive 'opening' position and kept services flowing through the next day through each period of industrial action.

12. The Pre-Transfer Clinical Discussion & Assessment Service (PTCDA) continues to recruit clinical staff to further strengthen its availability of face to face visiting as well as the virtual geriatrician support. PTCDA works closely with urgent community response services across health and care. Clinically validated data is evidencing between 800 and 1200 bed days saved through the scheme alone and highly positive patient and carer feedback. Clinical satisfaction rates are also high, supporting the growth of this model locally.

13. The Virtual Wards remain significantly underused in some specialties; a step-up plan has been agreed and will be ready for testing in February 2023. However, in those areas where successfully utilised, capacity has been optimal, leading to c100-120 patients being empowered to be cared for in their own home, with support as needed.

14. All health and social care Urgent community response (UCR) services remain operational and available in support of operational pressures and industrial action. The learning and evidence base from this winter period suggests that a senior clinical triage plus a single

point of contact for all UCR services would support patient flow and holistic models of care for winter 2023/24.

Acute services

15. Ambulance conveyance rates remain low, ranging from 27%-37% conveyance through this period. Whilst call numbers have been higher than previous years, conveyance has largely remained below 150-160 ambulances per day; acuity, however, has risen significantly. Since the periods of industrial action, regional demand has remained c5% below previous levels. LLR has seen little difference in terms of the number of incidents than previously; however, conveyance and diversion to other services remains high, supporting the Category 2 and call answering targets.

16. The introduction of the Elite cohorting area and cohorting pod on 20th December saw an immediate and lasting decrease in ambulance handover delays, with the average clinical handover time now within national standards, at 28 mins for February 2023. A more permanent solution was put into place in the form of 10 handover bays; since the start of Q4 however, these areas have been used less often whilst maintaining timely handovers. Whilst this is positive, it is too early yet to remove the capacity; a more permanent solution to cohorting is under construction.

17. Reducing the overcrowding has supported ED staff to focus on those requiring acute care and created a sense of community between UHL ED and partners – this is wholly significant given the pressure ED staff have and continue to experience.

Discharge

18. Pilots have been undertaken related to discharge from the Emergency Floor, in partnership with local authority and community care teams. These have shown that up to 10 patients per day can be safely treated and discharged from the Emergency floor when our health and care services are working together using a strengths-based model of care. Business cases have been submitted to ensure this remains a permanent offer within the ED.

19. An integrated discharge function (across health and care services) launches in February 2023 to support and facilitate patients being discharged both in a timely manner but also to the correct discharge destination. This will support flow and longer-term better outcomes for our patients.

20. The adult social care discharge fund was agreed and utilised across this period to strengthen domiciliary care and bedded services where appropriate. Despite additional bedded acute and non-acute capacity being opened and utilised as part of the winter plan, the numbers of medically optimised patients across the system has remained within normal variation, showing a level of efficiency and effectiveness. Whilst there is clearly further work to be done for these pathways to be optimal, this is encouraging.

Conclusions

21. Whilst this has been and continues to be a challenging period for all health and care services, the additional capacity put in across all providers as part of the Winter Plan, coupled with the pathway changes designed and implemented by our clinical teams supported the system to provide as safe a service as possible. The risk management process and oversight from the LLR Clinical Executive was felt to be a strength through this period, and relationships across the system remained strong in the face of increasing challenge.

22. Much of the learning from winter 22/23 is being used to implement sustainable change in the 23/24 operational plan. It has been widely recognised that 23/24 will be needed to stabilise and manage demand as part of plans to deliver transformational change through the LLR 5-year plan. The operational plan will include the LLR winter plan this year, with a focus on:

    a. An integrated UEC model of care, with some form of UTC access in the City
    b. Growing the respiratory capacity ahead of next winter
    c. A flexible cohort facility, able to flex as per demand
    d. A therapy-led model of additional bedded services across LPT to support flow
    e. Recurrent increase in home care staff as part of an integrated Intermediate Care offer

    Early system support of these schemes will support recruitment of substantial staffing (rather than agency staff) and support recovery of key performance indictors before winter 23/24.

Recommendations

The HOSC is asked to:

- **RECEIVE** the summary update
- **NOTE** implications for planning for one- and five-year plans across health and care